

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005476 (7)

1. Corporation Name

FLORIDA HEALTH CARE PLAN, INC.



Principal Place of Business

Mailing Address

350 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114
US

350 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114
US

3. Date Incorporated or Qualified

11/30/1993

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3222484

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIDSON, DAVID J
303 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	STANSFELD, MARY J	
STREET ADDRESS	864 PENINSULA DR	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, LAUREN R	
STREET ADDRESS	1390 E. OHIO STREET	
CITY-ST-ZIP	LAKE HELEN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLEMING SHEILA Y	
STREET ADDRESS	7 BIRCHWOOD TR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SIMPSON JR EDWARD F	
STREET ADDRESS	350 NORTH CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	MOORE III WILLIAM T	
STREET ADDRESS	1340 RIDGEWOOD AVE	
CITY-ST-ZIP	HOLLY HILLS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CUNNINGHAM CARLETON B	
STREET ADDRESS	350 NORTH CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DUNN, LUCKEY M., M.D.
3.3 STREET ADDRESS	15 Sunset Terrace
3.4 CITY-ST-ZIP	Daytona Beach, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SCHANDEL, DAVID C.
5.3 STREET ADDRESS	25 Choctaw Trail
5.4 CITY-ST-ZIP	Ormond Beach, FL
6.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CARLTON, ALICE M.
6.3 STREET ADDRESS	5110 Great Oak Lane
6.4 CITY-ST-ZIP	Sanford, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward J. Amador*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

Daytime Phone #

CR2E037 (12/95)